



The Beacon



By and for emergency responders

INTER-AGENCY BOARD TO PUBLISH NEW STANDARDIZED EQUIPMENT LIST

Representatives from local, state, and federal emergency services agencies recently completed a meeting in which they updated a listing of equipment for use by first responders in the event of a Weapons of Mass Destruction (WMD) incident.

Founded in October 1998, the Inter-Agency Board for Equipment Standardization and Interoperability (IAB) consists of officials from various local, state, and federal government organizations. The IAB works to ensure standardization and interoperability of equipment – and the research and development of advanced technologies – needed by first responders in establishing and maintaining a strong crisis and consequence management capability.

The Department of Justice (DOJ), Federal Bureau of Investigation (FBI) and Department of Defense (DoD), Consequence Management Program Integration Office (COMPIO) co-chair the IAB. It is organized into six subgroups, each chaired by an emergency responder. Other members of the subgroups include subject matter experts specializing in their area of interest. These subgroups meet at various times throughout the year to discuss equipment issues. The IAB's six subgroups are:

1. Medical – casualty treatment for victims of a conventional or non-conventional WMD attack or preventive measures to avert victimization.
2. Personal Protective and Operational Equipment, Collective Protection – WMD response individual equipment, support systems and area protection.
3. Advanced Technology – advanced concepts entering development or newly emerging technologies for crisis and consequence management.
4. Interoperable Communications and Information Systems – communication, information management, technical information support, and public awareness.
5. Detection and Decontamination – intrusive and non-intrusive detection, monitoring, sampling and analysis of suspected toxins, and methods to mitigate or dissipate the contamination.
6. Standards – ensure that WMD response equipment and technology is integrated in the existing standards and boards and regulatory bodies.

The IAB process for developing the Standardized Equipment List (SEL) begins each fall with an Advanced Concept and Technology Exchange (ACTE). During this meeting, the Board seeks industry participation in an open forum that is focused on first responder equipment and science and technology requirements for WMD responses. The IAB then segregates into several commodity boards to review presentations by industry

representatives on their products and services. The IAB uses these commodity board inputs as a reference when updating the SEL.

Updated annually, SEL is a standard reference guideline for first responders to use when planning for and acquiring their WMD response equipment. Use of the SEL is voluntary. Individual government agencies decide which items, and in what quantities, to purchase to meet their needs. The SEL lists categories of personal protective, operational, collective protection, interoperable communications and information systems, detection, decontamination, and medical equipment. The types of equipment these first responders may need to use when responding to a WMD incident.

At its most recent meeting, the IAB discussed plans to increase state/local law enforcement and hospital membership on the board, the development of a web site where first responders can access the SEL, see the IAB conference schedule, and view DoD/DOJ reports on equipment.

The SEL 2000 is expected to be released in April of this year.

MEMBERS OF THE INTERAGENCY BOARD

City of Boston Police Department
City of Chicago Fire Department, Hazardous Material Unit
Department of Emergency Services, Commonwealth of Virginia
Downers Grove Fire Department
Fire Department of the City of New York, Hazardous Material Operations
International Association of Fire Chiefs
Joint Program Office, Biological Warfare Defense
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United States Department of Justice, Office of State and Local Domestic Preparedness Support
United States Environmental Protection Agency
United States Federal Emergency Management Agency
United States Marine Corps
United States Special Operations Command

UPCOMING EMERGENCY RESPONDER CONFERENCES

- 4/29 – 5/3/2000, NDMS Annual Conference, for more information, visit the conference website at www.oep-ndms.dhhs.gov.
- 6/7 – 10/2000, Technologies for Public Safety in Critical Incident Response Conference, for more information, visit the conference website at www.nlectc.org.

DOMESTIC PREPAREDNESS BENEFITS PUBLIC HEALTH

This past winter, when their hospitals suddenly started to fill up with patients presenting flu-like symptoms, the public health and medical community in Oklahoma City found out just how valuable their domestic

preparedness efforts have been. For nearly two years, the area's public health and medical community has been actively participating in WMD training and preparedness activities. One of the many benefits of these efforts has been the creation of a network of federal, state, local officials and other professionals all working to prepare the area for a potential terrorist attack involving WMD. When the area's hospitals were hit hard this past winter, the public health and medical community relied on that network to quickly verify that the cause of the sudden increase in disease was naturally occurring, and due to an influenza virus.

Oklahoma's domestic preparedness training began in December 1998, and inadvertently helped the health and medical community prepare for last winter's increase in flu cases seen at hospitals. One of the highlights of the training was a bioterrorism tabletop exercise that helped focus the community on the specific needs of responding to a biological versus a chemical attack. The exercise was attended by 45 to 50 individuals from the public health and medical community, including hospital staff and administrators. Exercise coordinators estimated that it was the largest participation by the public health and medical community at any bioterrorism tabletop exercise they had organized.

The area's lead medics had gone through domestic preparedness training and were made aware that one of the early warning signs of a potential bioterrorist event is a sudden increase in flu-like cases. In addition, the area's largest patient transport service, the Emergency Medical Services Authority (EMSA), provides protocols to its medics that include a section on WMD terrorism and a subsection on bioterrorism that states "EMS personnel must be aware that they may hold the key to early identification of a biological terrorist attack." When there was an increase in flu cases that winter, local EMS personnel knew something was going on.

An event not related to WMD was also instrumental – the May 3rd tornado in Oklahoma. In June, the Greater Oklahoma City Hospital Council (GOCHC) began to hold meetings to address issues related to the health and medical consequences of the tornado. In addition, the Central Regional Trauma Association formed a Mutual Aid Committee (MAC) to develop coordinated communications and disaster response among the hospitals. The MAC includes many of the area's emergency department and EMS directors and is chaired by the head nurse at University Hospital, Judy Higgins. Cindy Alexander of Mercy Emergency Medical Services and Mike Murphy of EMSA also became actively involved with the MAC. Murphy had recently become the coordinator of the area's Metropolitan Medical Response System (MMRS) contract with the Office of Emergency Preparedness at the U.S. Department of Health and Human Services. The contract was established in the summer of 1999, and covered the greater Oklahoma City and Tulsa area. In September of 1999, the GOCHC, the MAC, and the MMRS began to work together on the development of a regional inter-facility disaster coordination center that would respond to disasters similar in scope to the tornado. Murphy, as the MMRS coordinator, took a lead role in the development of the center.

While not anywhere near the scope of damage caused by the last tornado, the winter flu outbreak did cause problems. Local medical resources were quickly extended beyond capacity. Beginning Christmas Eve, emergency departments began filling up. The peak of the outbreak saw EMSA's patient transports increase from an average of 625 a week to 825. Waiting times at hospitals extended to over six-hours. Intensive care units filled up and hospitals sought divert status. Eventually, illness among health care workers increased. Fortunately, other emergency support services were relatively unaffected and the area's Y2K preparedness efforts were not jeopardized. When patient transports began to increase substantially, EMSA and others reminded first responders to use universal precautions. This

may have helped to decrease public response illnesses.

Local health and medical authorities treated the outbreak as naturally-occurring, but larger than usual. EMSA medics had started reporting to supervisor Gary Loard many cases with similar symptoms. Loard contacted Murphy who notified the State Epidemiologist Dr. Mike Crutcher, Oklahoma City's Emergency Planning Coordinator John Clark, Fire Chief Gary Davis, and the County Public Health Director, Dr. Paul Dungan. Though these calls were not to sound a WMD alert, the recipients of these calls were all members of the area's WMD workgroup, and had developed a close working relationship. A plan of action was discussed and lab samples were sent to the State's public health department. On December 28th, only a few days from the time that the earliest cases were reported, Dr. Crutcher confirmed that the cause of the outbreak was the influenza virus, Sydney strain type A, a common variety that the CDC had previously decided to target for prevention with a flu vaccine. The State's department of health issued a press release recommending vaccinations, especially for vulnerable populations such as seniors and individuals with long-term health problems. The press release also recommended which antivirals to use against the flu and how to locate vaccination centers.

To handle the increased case load, EMSA denied hospitals divert status, and instead acted as a rapid communications center – much like the regional inter-facility center under development. EMSA regularly received reports from emergency departments and hospitals, and disseminated the information across the health system, ensuring ongoing management of patient distribution and care. A number of hospitals opened additional treatment areas and authorized plenty of overtime. Within a couple of weeks, caseloads returned to normal levels.

Oklahoma's planning efforts continue. One of the most ambitious is the development of a web-based monitoring system that will track

hospital and EMS utilization in real-time across all of the area's hospitals. The plan or this system emerged out of the MMRS/MAC collaboration to develop a regional inter-facility disaster response coordination center. The system would be based out of a Medical Emergency Response Center (MERC), which would help coordinate hospital operations at time of crisis in addition to monitoring utilization on a daily basis. The daily operational aspect of the MERC will help build and maintain proficiency among personnel and enable a tiered-response capacity that allows for a less-than-all-out response when appropriate. Daily monitoring also provides for an early-warning "sentinel" system. In addition, the information from this system would be available to the state and augment their current surveillance of infectious diseases. Currently, funding options for the MERC are being explored between hospitals and EMSA. Four sites were reviewed by the MAC to house the MERC. The potential candidates included two hospitals, the State's Emergency Operations Center (EOC), and EMSA. The MAC has recommended the EMSA site to the GOCHC. One of the primary reasons for this recommendation was the cost-effectiveness of EMSA compared to the other options. EMSA, like many emergency medical services, already has a communications capacity that could support the MERC.

Other planning efforts include development of decontamination plans for the area's hospitals and a recent media forum. The forum informed the media about the MMRS and ongoing WMD planning process, identified public information officers (PIOs) for further contact, and addressed the sensitive nature of the process and the significance of limiting publicity that might influence hoaxes (i.e., anthrax). The forum was held at the FBI field office in Oklahoma City and presenters included Hazardous Materials Special Operations Chief Cecil Meeks, ASAC David Cid, Clark, Davis and Murphy.

Oklahoma's WMD and other disaster planning experience point to three fundamental

lessons -- Communications, Coordination, and Consistency. Last year's flu outbreak shows how important it is to train EMS personnel to communicate observations -- they have front-line information. Also vital to the health and medical response in Oklahoma was coordination, and keeping internal communications constant with all components. The foundation was built for this coordination because the hospitals were involved and found a way to make WMD a priority in their planning and operations. Their planning moved them rapidly from beyond discussions to the functional. Oklahoma also has been very proactive with the media and keeps external communications constant and consistent. They have been clear on whom speaks to the media and understand that they need to have a spokesperson or be subjected to the media choosing their own. Finally, Oklahoma is making WMD preparedness and training familiar. They are tailoring WMD program activities to be consistent with regular functions and incorporating them into daily operations. The result of these lessons in their WMD planning has helped Oklahoma prepare for sudden disease outbreaks -- both naturally occurring or man-made. All communities with WMD preparedness should ensure that these key fundamentals are embraced and made an integral part of their planning efforts.

Editor's Note: The Beacon is looking for more stories about communities in action. Please contact the editors at 202-324-9026, or send an e-mail to our helpline at ndpo@leo.gov, with information about your community.

WMD EXERCISE SCHEDULED AT FORT GORDON, GEORGIA

A six-day WMD exercise is scheduled for May 15th, 2000, at Fort Gordon, Georgia. The event will begin with an orientation on Monday, May 15th, with training conducted on the following Tuesday and Wednesday. A table top exercise will cap off the Wednesday

activities, and a full scale exercise will be conducted on Thursday and Friday, with a critique scheduled for Saturday, May 20th.

The planning committee for the exercise will meet on April 12th at Fort Gordon. For more information, please contact the exercise point of contact Bruce Martin via e-mail at Bruce.Martin@med.va.gov.

WEBSITE OF THE MONTH

This month's featured website the Lawrence Livermore National Laboratory's Nonproliferation, Arms Control, and International Security Division at www.llnl.gov/nai/rdiv/rdiv.html.

Lawrence Livermore National Laboratory is a US Department of Energy national laboratory operated by the University of California. The lab's mission is to apply science and technology in the national interest, with a focus on global security, global ecology, and bioscience. The Nonproliferation, Arms Control, and International Security (NAI) Division focuses on the application of technologies and operational capabilities to deal with WMD emergencies or terrorist incidents.

The division's website is broken down into Counterterrorism and Incident Response, which includes threat credibility assessment, nuclear incident response, chemical and biological detection technologies, and forensic science.

The site also includes a page for NAI publications, including "A National Strategy against Terrorism Using WMD," "Simulations to Save Time, Money, and Lives," and "Reducing the Threat of Biological Weapons."

NDPO HOSTS CHAT SESSION WITH DIRECTOR TOM KUKER

On March 29th, the NDPO hosted a chat session with Director Tom Kuker. Participants included members of the emergency response community and FBI WMD Coordinators. The following transcript has been edited for publication in *The Beacon*.

Mr. Kuker: We're getting a lot of feedback from our On-Scene Commander's Guide. Unfortunately, we only have a limited supply, we will be sending them to FBI reps in the field. The guide is also available on the CCL.

Question: Who specifically in the FBI Field offices will get this guide?

Mr. Kuker: The FBI SACs/WMD Coordinators will be getting the guides. Also, our federal partner reps will get them. We're looking into additional funding for the guides.

Mr. Kuker: For those who have a copy, what are your thoughts?

Chat Participant: It is a great tool, I will be using it for my First Responder training classes.

Chat Participant: The guide would be good as a Powerpoint training tool for awareness training.

Mr. Kuker: The NDPO has also started a new information sharing product - Information Bulletins. Our first issue was about the Common Communications Link (w/LEO app), and the second dealt w/questions for procurement officers/grant writing officials regarding WMD equipment. They would be a good tool to discuss w/local jurisdictions.

Chat Participant: One problem is having

everyone on the same sheet of music in this community –i.e., not everyone on LEO or any other common link, and the public health feels somewhat left out at times unless we make a real effort to have law enforcement/first responders include them.

Chat Participant: A lot of hospitals are asking us for help.

Mr. Kuker: Our push from Washington DC is to ensure that the Public Health community is made aware of their ability to join LEO. We count on WMD coordinators and other federal coordinators to get the word out. The number of applicants from the medical community, including hospitals, is dramatically increasing.

Chat Participant: From our perspective out here, they really appreciate being included.

Chat Participant: We have quarterly WMD meetings that include public health. They are an integral part of our response. They have also filled out LEO apps.

Chat Participant: Major issue here is with hospitals downsizing or closing, they view this as an unfunded mandate, and it gets back burner.

Chat Participant: Public Health here in MO very active and supportive-we even have a formal MOU with them re supporting each other, and many of them have LEO access.

Mr. Kuker: Does the MO public health community have a surveillance/monitoring system?

Chat Participant: Working on it, and trying to get CDC to fund grant to further develop.

One of the other things we have considered is getting a limited number of security clearances for both public health and emergency management types, so that we can in the future talk more openly with them re

terrorist threats, etc. We addressed that issue in the MOU with public health, and are just getting into it with the other aspects.

Mr. Kuker: We go to great lengths to sanitize information so that it is available to all. If there is something needed beyond that, we rely on the Joint Terrorism Task Forces for assistance.

Mr. Kuker: We will be sending a request out to the field for WMD protocol tools. For example, Pittsburgh received a 911 card from Miami. Detroit sends a laminated card to their jurisdiction. We'd like to collect that info to share with the community.

Chat Participant: Montgomery Co (MD) has a protocol card.

Chat Participant: I think that the cards you are referring to (if I'm not mistaken), came from an initiative started by Miami and the WMDC there sent an EC to the other coordinators asking them if they'd like to do the same. Many Divisions took them up on it (Jackson included) and now also use laminate cards.

Mr. Kuker: Our next chat will be April 26th at 2 p.m. EST. If you have any topics that you'd like to discuss, send them to our help line at ndpo@leo.gov.

NDPO SETS CHAT SESSION FOR APRIL

The next NDPO chat session on Law Enforcement Online (LEO) will be on Wednesday, April 26th, at 2 p.m., EST. The subject matter is to be determined.

Chat Instructions

To participate in the chat session, you must be a registered LEO user and have Microsoft Chat or Netscape Chat loaded on your computer. While in the chat program, type

"chat.leo.gov" in the box labeled Server and click the circle next to "Go to Chat Room," then type #ndpo. Remember, you must be dialed into LEO to use Microsoft Chat with LEO. Please enter the chat room as close to 2 p.m. as possible.

Click the tab labeled Personal Info located at the top of the window. Enter your name and a nickname. Enter your LEO e-mail address and any other information you wish to include in your personal profile. Click OK. You will now be in the NDPO chat room. Your name will appear in the box on the right-hand part of your computer screen, along with the other participants in the chat session. Simply type your question or comments in the space provided at the bottom of your computer screen.

You may wish to test the chat software prior to the session. If you have technical problems, you should contact LEO Tech Support at 1-888-334-4536.

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The Beacon is published monthly for members of the emergency response community. Please send articles, comments, feedback, and letters to the Information Sharing Team at the address listed above.